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To:	USPTO Examiner K. D. Hendricks Art Unit 1761	From:	Claire Wygand for Cathy R. Moore Phone: (704) 365-4881 Fax: (704) 365-4851
Fax:	(703) 872-9306	Pages:	20 pages total: Fax Cover sheet (1 page) 1-Month Extension of time (1 page) RCE (1 page) Fee Transmittal (1 page) Amendment (16 pages)
Phone:		Date:	March 15, 2005
Re:	Application No. 10/057,533 Our Ref.: 01/017 NUT Filed: January 24, 2002 Response to Advisory Action	CC:	

Attached are the items as listed above.

Respectfully submitted,

Claire Wygand
Claire Wygand

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PTO/SB/22 (10-00)

Approved for use through 10/31/2002. OMB 0851-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 01/017 NUT											
In re Application of Nico N. RACZEK.													
Application Number 10/057,533		Filed Jan. 24, 2002											
For Feedstuffs for agricultural livestock rearing comprising...													
Group Art Unit 1761		Examiner K.D. HENDRICKS											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ <u>120.00</u></td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2193</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>March 15, 2005</u> Date</p> <p><u>Cathy Moore</u> Signature</p> <p><u>Cathy R. Moore, Reg. No. 45,764</u> Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>				<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <u>120.00</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <u>120.00</u>												
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<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____												
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____												

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.